

# ORDER

## U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

8520.2E

2/1/99

### **SUBJ: AVIATION MEDICAL EXAMINER SYSTEM**

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1. **PURPOSE.** This order provides guidelines for the administration of the Aviation Medical Examiner System (AME System) including procedures for designating and terminating the designation of aviation medical examiners (AMEs).
2. **DISTRIBUTION.** This order is distributed to division level in the Office of Aviation Medicine (AAM) including the Civil Aeromedical Institute (CAMI) and regional aviation medical divisions, medical field offices in Air Route Traffic Control Centers, Chief Counsel, Civil Aviation Security, Office of International Aviation, and to designated AMEs.
3. **CANCELLATION.** Order 8520.2D, Aviation Medical Examiner System, dated May 8, 1992, is canceled.
4. **EXPLANATION OF CHANGES.**
  - a. The criteria for designation, redesignation and termination of designation are modified.
  - b. The conditions of designation are modified to include a requirement for completion of Medical Certification Standards and Procedures Training (MCSPT) and a basic AME seminar prior to designation, and attendance at an AME Seminar or equivalent training such as the Multimedia AME Refresher Course (MAMERC) at 3-year intervals, thereafter. A member of the AME's staff shall complete the MCSPT prior to the physician's being designated as an AME, and at 3-year intervals, thereafter.
  - c. New criteria to allow AMEs to perform medical examinations in more than one location are provided.
  - d. A description of 18 U.S. Code, Sections 1001;3517 is added to this order.
  - e. The criteria to authorize AMEs to perform first-class examinations are modified to include exceptions to the 3-year rule.
  - f. The criteria for offering the MAMERC as an alternative to AME seminar attendance are described.
  - g. Criteria for the mandatory use of the Aeromedical Certification Subsystem (AMCS) by AMEs are explained.
  - h. Criteria for the mandatory digital electronic transmission of electrocardiogram data by Senior AMEs for first class medical certification examinations are explained.
  - i. The basis for termination or non-renewal of designation is modified to include failure to use AMCS or also, in the case of Senior AMEs, the failure to electronically transmit digital electrocardiogram data.



**5. DELEGATION OF AUTHORITY.** AAM is the organizational element within the FAA responsible for oversight and management of the AME System. As the director of the office, the Federal Air Surgeon develops and establishes policies, plans, procedures, standards, and regulations governing the AME System.

a. The Manager, Aeromedical Education Division (AAM-400), is delegated responsibility to:

(1) Designate and terminate designation as AMEs of Flight Surgeons at military posts, stations, and medical facilities in coordination with the Surgeons General of the armed services. Designate and terminate designation as AMEs of medical officers at Federal agencies (FAA, NASA, etc.). Designations of military flight surgeons and Federal medical officers are subject to the general procedures and guidelines set out in this order, except as otherwise provided. Military and Federal AMEs shall perform second- and third-class examinations only. Limited authority to perform first-class examinations may be granted to certain military and Federal AMEs to support special military and Federal aviation operations.

(2) Designate and terminate designations of physicians as AMEs (including Senior AMEs) who are located in foreign countries or areas not under the responsibility of an FAA regional flight surgeon.

(3) Plan, develop, administer, and evaluate medical education programs in support of the AME System.

(4) Monitor the AME System and advise the Federal Air Surgeon on its administration within each region.

(5) Provide administrative support for the AME system.

b. Regional Flight Surgeons are delegated authority to manage the AME system within their boundaries of responsibility and to:

(1) Designate and terminate designations of physicians as AMEs.

(2) Assist in the planning, development, administration, and evaluation of medical education programs in support of the AME system.

(3) Monitor the AME system within their geographical areas of responsibility and ensure that AMEs properly carry out their duties and meet all requirements and conditions of their designations.

## **6. REFERENCES.**

a. Title 14 of the Code of Federal Regulations, Part 61 (14CFR61). Part 61 establishes the duration of medical certificates, and describes the procedure for the issuance of student pilot certificates.

b. Title 14 of the Code of Federal Regulations, Part 67 (14CFR67). Part 67 prescribes the airman medical certification standards and certification procedures.

c. Title 14 of the Code of Federal Regulations, Part 183 (14CFR183). Part 183 prescribes the requirements for designating AMEs.

## **7. DEFINITIONS.**

a. Aviation Medical Examiner (AME). A physician designated by the FAA and given the authority to accept applications and perform physical examinations necessary to determine qualifications for the issuance of second- and third-class FAA airman medical certificates under 14CFR67. The AME conducts these physical examinations; issues or denies airman medical certificates in accordance with 14CFR67 and the *Guide for Aviation Medical Examiners*; and issues combined medical/student pilot certificates in accordance with 14CFR61.



b. Senior Aviation Medical Examiner (Senior AME). An AME given the additional authority to accept applications and perform physical examinations necessary to determine qualifications for the issuance of first-class FAA Airman Medical Certificates under 14CFR67. The AME conducts these physical examinations, issues or denies airman medical certificates in accordance with 14CFR67 and the *Guide for Aviation Medical Examiners*; and issues combined medical/student pilot certificates in accordance with 14CFR61.

c. Physician. A doctor of medicine or doctor of osteopathy.

d. Federal Medical Officer. A doctor of medicine or doctor of osteopathy employed by a U.S. Federal agency (FAA, National Aeronautics and Space Administration, National Transportation Safety Board, etc.).

e. Military Flight Surgeon. A doctor of medicine or doctor of osteopathy employed by the U.S. Armed Forces (Air Force, Navy, Army, Coast Guard) who has completed the appropriate military aviation medicine training and has been awarded the title of Flight Surgeon.

f. Designation. Authority to assume the responsibilities of an AME which commences on the date of a letter of formal notification of designation and remains in effect for 36 months following that date.

g. Redesignation. Process of renewing the designation of AMEs at 3-year intervals, including the issuance of new AME ID Cards.

h. Reinstatement. Process of designating former AMEs.

i. Dual Designation. Simultaneous designation of a physician as a civilian AME under the jurisdiction of a regional flight surgeon, and as a National Guard or Reserve Military AME (Air Force, Navy, Army, Coast Guard) under the jurisdiction of the Manager, Aeromedical Education Division.

j. Termination of Designation. Withdrawal of an AME's designation before completion of the standard 36-month designation period.

k. Medical Certification Standards and Procedures Training (MCSPT). A computer-based training program for AMEs and their staffs.

l. Multimedia Aviation Medical Examiner Refresher Course (MAMERC). A computer-based multimedia training program for AMEs that may be used in lieu of attendance at an AME seminar in alternate 3-year cycles.

m. Aeromedical Certification Subsystem (AMCS). A personal computer-based software package that provides for the recording, validation, and electronic transmission of airman medical certification information by AMEs.

**8. FORMS AND SUPPLIES.** FAA and FAA Aeronautical Center (AC) forms and supplies may be obtained from the Manager, Aeromedical Education Division, AAM-400. The use of any locally designed forms or certificates in lieu of those listed in this order is prohibited. Appendix 1 contains forms and reports information.

**9. GENERAL.** AMEs assume certain responsibilities directly related to the FAA safety program. They serve in their communities as the aviation safety experts where medical matters are concerned. They have responsibility to ensure that only those applicants who are physically and mentally able to perform safely may exercise the privileges of airman certificates. To properly discharge the duties associated with these responsibilities, AMEs shall maintain familiarity with general medical knowledge applicable to aviation. They also shall have detailed knowledge and understanding of FAA rules, regulations, policies, and procedures related to the medical certification of airmen. AMEs must also possess acceptable equipment and adequate facilities necessary to carry out the prescribed examinations.



**10. SELECTION AND RETENTION OF AMEs.** In the selection and retention of AMEs, the FAA will designate only professionally qualified and appropriately licensed physicians who are interested in promoting aviation safety. Only those physicians who enjoy the fullest respect of their associates and members of the public whom they serve shall be designated and retained as AMEs.

**11. DESIGNATION.**

a. Authority to Perform Second- and Third-Class examinations.

(1) Criteria for Designation.

(a) Qualifications. The applicant for designation as an AME with authority to perform examinations for second- or third-class medical certificates and student pilot certificates shall be a professionally qualified physician in good standing in his or her community. The applicant must be able to read, write, speak, and understand the English language and possess an unrestricted license(s) to practice medicine, including an unrestricted license to practice in the state, foreign country, or area in which the designation is sought. The applicant must be engaged in the practice of medicine at an established office address and located in the county (if applicable) of designation. The applicant's past professional performance and personal conduct shall be suitable for a position of responsibility and trust. Special consideration for designation will be given to those applicants who are pilots, who have been military flight surgeons, who have special training or expertise in aviation medicine, or who were previously designated but have relocated to a new geographical area.

(b) Distribution. There shall be a determined need for an AME in the area, based on adequacy of coverage related to the pilot population. Other variables, such as rural vs. urban geographic locations and aviation activity levels, shall be considered when assessing the local needs for designation of additional AMEs.

(c) Credentials.

1 Initial Application. At the time of initial application for designation, the physician shall submit a completed FAA Form 8520-2, Aviation Medical Examiner Designation Application and the following documents or copies thereof:

(aa) Diploma from medical school.

(bb) Certificate of any postgraduate professional training (e.g., internship, residency, fellowship).

(cc) State license(s) to practice medicine.

(dd) Notice of certification by an American specialty board, if applicable.

(ee) Certification of current valid state license(s), with no restriction or limitations, to practice medicine.

(ff) References from three physicians in the applicant's geographical location regarding professional standing, or a statement from the local medical society or osteopathic association in the locality of practice that the applicant is a member in good standing.

(gg) A second statement affirming that:

(1) There are no current restrictions of medical practice, and there are no adverse actions proposed or pending that would limit medical practice by any state licensing board, the Drug Enforcement Administration, any medical society, any hospital staff, or by any other local, state, or Federal organization that may have licensing or certification authority.



(2) There are no known investigations, charged indictments, or pending actions in any local, state, or Federal court.

2 Redesignation. It is the responsibility of the AME to obtain and submit to the appropriate FAA official (i.e., regional flight surgeon or Manager, Aeromedical Education Division, AAM-400) items (ee) and (gg) (above) in support of his/her redesignation. The AME can comply with these requirements by signing the front and back of FAA Form 8320-4 (Aviation Medical Examiner Identification Card) and returning the appropriate portion of this form to the Aeromedical Education Division, AAM-400.

(2) Conditions of Designation. To be designated as an AME, the applicant must comply with the following conditions:

(a) Credentials. The AME must notify the appropriate FAA official (i.e., regional flight surgeon or Manager, Aeromedical Education Division, AAM-400) at any time there is a change in status of licensure to practice medicine.

(b) Professionalism. Be informed of the principles of aviation medicine; be thoroughly familiar with instructions as to techniques of examination, medical assessment, and certification of airmen; and abide by the policies, rules, and regulations of the FAA.

(c) Examinations. Personally conduct all medical examinations at an established office address. Paraprofessional medical personnel (e.g., nurses, nurse practitioners, physician assistants, etc.) may perform limited parts of the examinations (e.g., measurement of visual acuity, hearing, phorias, blood pressure, and pulse, and conduct of urinalysis and electrocardiography) under the supervision of the AME. The AME shall conduct the general physical examination, sign the FAA forms, and list his/her FAA designation identification number, both in Item 64 of FAA Form 8500-8 and on the medical certificate. In all cases, the AME shall review, certify, and assume responsibility for the accuracy and completeness of the total report of examination. FAA medical examination fees charged by AMEs should, as a general rule, be equivalent to the fees generally charged for a comparable medical examination service in the geographical area where the AME is located.

(d) Continuing Education. An AME applicant shall complete the MCSPT and attend a basic AME seminar before initial designation. At least one member of the AME's staff in every office where the AME will perform FAA examinations shall also complete the MCSPT prior to the physician's being designated as an AME. After initial designation, and as a requirement for continued designation, an AME shall attend an AME seminar every 3 years. As an option, an AME may alternate completing the MAMERC in lieu of attending an AME seminar. More than 6 years (72 months) should not elapse between AME seminar attendance, or more than 3 years (36 months) between seminar attendance and MAMERC completion. Exceptions to this policy shall be based upon an AME's individual circumstances and mutual agreement between the responsible regional flight surgeon and the Manager, Aeromedical Education Division, AAM-400. After initial designation, there is no further requirement for the AME to again complete the MCSPT.

At least one member of the AME's staff in every office where the AME performs FAA exams shall complete the MCSPT every 3 years, beginning with the date the AME was designated.

An AME who chooses not to use a staff member in support of his/her AME duties shall notify in writing the appropriate regional flight surgeon with a copy to the Manager, Aeromedical Education Division, AAM-400. This written notification will waive the AME's designation requirement to have a properly trained AME staff member.

An AME who loses a trained AME staff member shall ensure that the replacement staff member complies with the training requirements.

Travel costs and other expenses for the AME to attend the seminars are the responsibility of the attendee.



For physicians in foreign countries and military/Federal flight surgeons, attendance at seminars after initial designation may be waived on the basis of satisfactory performance as an AME and by continuing participation in acceptable aviation medicine education and training activities approved by the Manager, Aeromedical Education Division, AAM-400.

(e) Office Address and Telephone Numbers. AME's will be listed with each office location and telephone number, if applicable. Individual AME requests to perform examinations in more than one location may be approved by regional flight surgeons based on AME program needs. The AME is required to promptly advise, in writing, the responsible regional flight surgeon or the Manager, Aeromedical Education Division, AAM-400, as appropriate, of any change in office location or telephone numbers. Movement of the location of practice may lead to termination or nonrenewal of designation. Continuation of designation at a new location is contingent on need (see paragraph 13.). The regional flight surgeon shall report these changes to the Manager, Aeromedical Education Division, AAM-400.

(f) Facilities and Equipment. The applicant shall have adequate facilities for performing the required examinations and possess or agree to obtain such equipment prior to conducting any FAA examinations. The required equipment is listed in Appendix 2.

(g) Conduct. The AME will comply with the policies, orders, and regulations of the FAA. In connection with completion of the FAA Form 8500-8, AMEs are subject to 18 U.S. Code, Sections 1001;3571, which indicates that whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both.

(h) AMCS Usage. AMEs initially designated after, or reinstated on or after January 1, 1996, (except military, Federal, and international AMEs) are required to use AMCS for the recording, validation, and transmission of airman medical certification data. Effective October 1, 1999, all AMEs (except military, Federal and international AMEs), are required to use AMCS for the recording, validation, and transmission of airman medical certification data unless they specifically request in writing and are given a waiver by the appropriate FAA official (i.e., Regional Flight Surgeon or Manager, Aeromedical Education Division, AAM-400).

(i) Digital Electronic Transmission of Electrocardiogram Data. Effective October 1, 1999, all Senior AMEs must electronically transmit to AMCD the electrocardiogram data for first class medical certification examinations.

b. Authority to Perform First-Class Examinations. For designation as a Senior AME, the physician shall demonstrate, in addition to the criteria in paragraph 11.a., compliance with the requirements for continued service as an AME (see paragraph 14.b.) and acceptable prior performance as an AME authorized to perform second- and third-class examinations for a period of at least 3 years. Exceptions to this 3-year rule may be granted by the regional flight surgeon, as appropriate, or the Manager, Aeromedical Education Division, AAM-400, based on the AME's prior military experience as a flight surgeon, residency training in Aerospace Medicine, or prior experience and acceptable performance in FAA medical certification procedures as a designated military/Federal AME.

**12. PROHIBITED EXAMINATIONS.** An AME may not perform a self-examination for issuance of a medical certificate nor issue a medical certificate to himself or herself.

**13. DURATION OF DESIGNATION.** Designations of physicians as AMEs are effective for 1 year after the date issued unless terminated earlier by the FAA or the designee. For continued service as an AME, a new designation shall be made every year. In the event of office relocation or change in practice, a designation shall terminate and may be reissued, on request, through the responsible regional flight surgeon or, if appropriate, the Manager, Aeromedical Education Division, AAM-400. In respect to the relocation, a determination of adequacy of coverage shall be made as specified in paragraph 11.a. (1) (b) of this order. New personal references or state-



ments from the physician's local or state medical society, osteopathic association or state, Federal, and foreign licensing authority may be required.

**14. AUTHORITY DELEGATED TO A DESIGNATED AME.** An AME is delegated the authority to:

- a. Accept applications for physical examinations necessary for issuing medical certificates under 14CFR67.
- b. Personally conduct physical examinations in accordance with FAA guidance and practices.
- c. Issue or deny FAA airman medical certificates in accordance with 14CFR67 and the *Guide for Aviation Medical Examiners*, subject to reconsideration by responsible FAA official(s).
- d. Issue or deny Combined Airman Medical/Student Pilot Certificates in accordance with 14CFR61 subject to reconsideration by responsible FAA official(s).
- e. Defer a medical certification decision to the FAA when the AME does not have sufficient information, or is unsure of whether he/she should issue a medical certificate, or if deferral is recommended by agency policy or the *Guide for Aviation Medical Examiners*.

**15. PROCEDURES FOR DESIGNATION.**

a. Designation

(1) Application.

(a) Authority to Perform Second- and Third-Class Examinations. Physicians who request authority to perform second- and third-class examinations shall complete FAA Form 8520-2, Aviation Medical Examiner Designation Application (see Appendix 3) and submit the original and one copy to the responsible regional flight surgeon or to the Manager, Aeromedical Education Division, AAM-400, if located in a foreign country or other areas not under the jurisdiction of a regional flight surgeon.

(b) Authority to Perform First-Class Examinations. Physicians who request Senior AME status shall submit their requests in writing to the responsible regional flight surgeon or the Manager, Aeromedical Education Division, AAM-400, if located in a foreign country or other areas not under the jurisdiction of a regional flight surgeon (see paragraph 11.b.).

(2) Notification. For designations in their geographical areas of responsibility, regional flight surgeons shall inform the applicant in writing of his or her designation. The following items shall be sent to the physician: an appropriately worded FAA Form 8000-5, Certificate of Designation, FAA Form 8520-4, Aviation Medical Examiner Identification Card (see Appendix 4), and the forms and supplies that are outlined in Appendix 1 of this order. AME identification cards shall expire 1 year after the date issued. Designations of military flight surgeons, medical officers in Federal Agencies, and physicians in foreign countries are the responsibility of the Manager, Aeromedical Education Division, AAM-400. Designations of physicians in foreign countries require the completion of a professional background check by the Department of State through U.S. embassies and consulates. Requests for professional background checks are submitted by the Manager, Aeromedical Education Division to the FAA Office of International Aviation for coordination with the Department of State.

(3) Forms and Supplies. The items enumerated in Appendix 1 shall be furnished to each designee upon initial designation by the appropriate regional flight surgeon. The designee shall be informed that misuse of the Airman Medical Certificate, FAA Form 8500-9, and Application for Airman Medical Certificate, FAA Form 8500-8, could have a detrimental effect on air safety. Accordingly, these forms shall be afforded an appropriate degree of security, and any loss shall be reported immediately to the regional flight surgeon or the Manager, Aeromedical Education Division, AAM-400. Forms and supplies shall be made available on a continuing basis.



to AMEs through the Aeromedical Education Division, AAM-400, by use of the appropriate requisition card (AC Form 8500-33).

b. Designation or Termination of Designation.

(1) Evaluation. The FAA continuously evaluates the performance of each AME. The Manager, Aeromedical Education Division, AAM-400, is responsible for developing and administering evaluation procedures to supply regional flight surgeons with data to assist them in designating only those physicians who have demonstrated satisfactory performance in the past and who continue to show an interest in the AME program. In addition, the Manager, Aeromedical Certification Division, AAM-300, shall identify those AMEs committing serious certification errors and notify, in writing, the appropriate regional flight surgeon or, as required, the Manager, Aeromedical Education Division, AAM-400, so that appropriate action may be taken regarding these AME's. Information collected by the Aeromedical Education Division, AAM-400, includes but is not limited to the following:

- (a) Data on the adequacy of information on reports of medical examinations (FAA Form 8500-8).
- (b) Error rate on reports of medical examinations (FAA Form 8500-8).
- (c) AME interest and participation in aeromedical program areas.
- (d) Reports from the aviation community concerning the AME's professional performance and personal conduct as it may reflect on the FAA.
- (e) Information from local, state and Federal law enforcement agencies and court systems.
- (f) Compliance with AME Training requirements in accordance with paragraph 11.a. (2) (d).

(2) AME Performance Reports. The Manager, Aeromedical Education Division, AAM-400, shall furnish the regional flight surgeons with the following reports to assist in evaluating AMEs:

(a) AME Performance Summary. The annual summary report of AME performance shall include the number of exams performed by class, the number of exams pending or denied, the types of errors identified and their frequency, the total number and percentage of exams with errors, the number of error letters sent to the AME, and the number of certificates issued incorrectly to applicants by the AME. Other information such as AME interest and participation in aeromedical program areas, reports from the aviation community, and information from law enforcement and medical licensing authorities that relate to the performance of AME duties, shall be reported to the regional flight surgeons whenever it becomes available to AAM-400.

(b) AME Training Summary. The quarterly summary report of AME training shall include a listing of each AME who is due or past due, or whose staff member is due or past due for training with dates of completion of staff MCSPT, seminars or equivalent training (MAMERC), and the type of designation (Senior AMEs perform first-, second- and third-class examinations).

(3) Basis for Termination or Nonrenewal of Designation. Termination or nonrenewal of designation may be based in whole or in part on the following criteria:

- (a) No examinations performed after 24 months of initial designation.
- (b) Performance of an insufficient number of examinations to maintain proficiency.
- (c) Disregard of, or failure to demonstrate knowledge of, FAA rules, regulations, policies, and procedures.



- (d) Careless or incomplete reporting of the results of medical certification examinations.
- (e) Failure to comply with the mandatory AME and staff training requirements.
- (f) Movement of the location of practice.
- (g) Unprofessional office maintenance and appearance.
- (h) Unprofessional performance of examinations.
- (i) Failure to promptly mail reports of medical examinations to the FAA.
- (j) Loss, restriction, or limitation of a license to practice medicine.
- (k) Any action that compromises public trust or interferes with the AME's ability to carry out the responsibilities of his or her designation.
- (l) Any illness or medical condition that may affect the physician's sound professional judgment or ability to perform examinations.
- (m) Arrest, indictment, or conviction for violation of a law.
- (n) Failure, under the requirements of 11.a. (2) (h) to use AMCS after initial designation or after October 1, 1999.
- (o) Failure by a Senior AME under the requirements of 11.a.(2) (i) to electronically transmit digital electrocardiogram data for first-class medical certification examinations to AMCD after October 1, 1999.
- (p) Request by the physician for termination of designation.
- (q) Any other reason the Federal Air Surgeon deems appropriate.

(4) Procedures for AME Redesignation. Before expiration of designation, the Aeromedical Education Division, AAM-400, shall forward FAA Form 8520-4, Aviation Medical Examiner Identification Card, to AMEs who meet designation criteria, as certified by either a regional flight surgeon or the Manager, Aeromedical Education Division, AAM-400. The physician desiring redesignation shall provide the statement required in 11.a. (1) (c) 1 (ee) and (gg) (certification of current valid state license(s) with no restrictions or limitations), and shall detach, sign, and return the identification card portion, and complete the remainder of the form and return it, along with the above certification to the Manager, Aeromedical Education Division, AAM-400. Physicians who do not wish to be redesignated shall return the entire FAA Form 8520-4 to the Manager, Aeromedical Education Division, AAM-400, so their names will not be included on the roll of designated AMEs. Physicians whose completed FAA Form 8520-4 is not received within 30 days will not be redesignated. The Manager, Aeromedical Education Division, AAM-400, shall notify the responsible regional flight surgeon of those physicians who decline to be redesignated.

(5) Procedures for AME Reinstatements. Reinstatement of a former AME or an AME relocating from one region to another, may be authorized at the discretion of the regional flight surgeons. However, the applicant shall meet the designation requirements described in paragraph 11. of this order, including currency with AME training requirements.

(6) Procedures for Dual AME Designations. An active civilian AME who performs part-time duties as a reserve flight surgeon (Air Force, Navy, Army) or as an Air National Guard flight surgeon, may request additional designation as a Military AME through the Manager, Aeromedical Education Division, AAM-400. The applicant shall meet the designation requirements prescribed in paragraph 11. and 18. of this order. An AME who



holds dual designation shall be assigned and use two different AME numbers (one as a civilian AME and one as a Military AME) and shall not combine his/her civilian and Military AME duties.

(7) Procedures for Termination or Nonrenewal of AME Designations. The regional flight surgeons and the Manager, Aeromedical Education Division, AAM-400, within their areas of responsibility may terminate or not renew an AME designation. When it is determined that an AME's designation should be terminated or not renewed in accordance with the criteria detailed in paragraph 15.B. (3), the following procedures are applicable:

(a) The AME will be notified in writing, by certified mail, with return receipt requested, of the reason(s) for the proposed action. The reasons shall be specific and shall cite applicable regulations, policies, and orders. The reasons shall be supported by objective evidence, but the evidence need not be included in the letter.

(b) The written notification shall give the AME the option to respond to the regional flight surgeon or the Manager, Aeromedical Education Division, AAM-400, as appropriate, in writing or in person and within 15 days of the date of the letter. The notification should advise the AME that he/she may be accompanied by counsel if he/she chooses to respond in person. The notification shall also inform the AME that a summary record will be made of any meeting held.

(c) The summary record of any meeting held with the AME shall be sent to the AME, and he/she shall be invited to submit any comments.

(d) The decision regarding the proposed action shall be in writing from the regional flight surgeon or the Manager, Aeromedical Education Division, AAM-400, as appropriate. It shall be sent by certified mail, with return receipt requested. When the decision is made to not renew or to terminate a designation, the reasons shall be stated. The decision letter shall also inform the AME that he/she may request reconsideration of the decision by the Federal Air Surgeon.

(e) In cases where an AME is suspected of fraud or any other activity for which immediate action is necessary, the regional flight surgeon or the Manager, Aeromedical Education Division, AAM-400, will direct the AME in writing, by certified mail, with return receipt requested, to cease all further examinations pending further FAA investigation, and the AME must comply. The investigation shall be conducted expeditiously. Upon investigation of the matter, the regional flight surgeon or the Manager, Aeromedical Education Division, AAM-400, will initiate termination action if such action is warranted in accordance with paragraphs (a) through (d) of this section.

(8) Return of Materials. Upon termination or nonrenewal of designation, the AME shall return all FAA materials (including identification card and certificate of designation) to the Manager, Aeromedical Education Division, AAM-400. The Manager, Aeromedical Education Division, AAM-400, shall inform the responsible regional flight surgeon if the materials are not returned within a reasonable period of time so further action may be taken.

## 16. AME IDENTIFICATION CARDS.

a. FAA Form 8520-4. The Aviation Medical Examiner Identification Card is prescribed by this order.

b. Issuance and Control of AME Identification Cards. The need to assure the integrity of the AME identification card system necessitates that strict controls be instituted to prevent fraudulent issuance, improper use, or alteration of the identification cards.

(1) Responsibility. The Manager, Aeromedical Education Division, AAM-400, assures the proper review of FAA Form 8520-4 and the proper issuance and control of identification cards in accordance with the general provisions of FAA Order 1600.25, FAA Identification Media.



(2) Authorizing Officials. To prevent any possible fraudulent issuance of an AME identification card, the Federal Air Surgeon will designate, by letter, those personnel authorized to sign FAA Form 8520-4 as "Authorizing Official."

(3) Protection and Control of AME Identification Media. The acceptance of the designation portion of the Aviation Medical Examiner Identification Card, FAA Form 8520-4, shall serve as the control for the identification media. The following paragraphs of FAA Order 1600.25 set forth FAA policy with respect to the administrative controls required for an authorized identification system. The appropriate references to FAA Order 1600.25 include:

- (a) Counterfeiting, misuse, or alteration (paragraph 25).
- (b) Loss or theft (paragraph 26).
- (c) Destruction (paragraph 27).
- (d) Surrender of identification media (paragraph 28).
- (e) Storage, transmittal, and accountability (paragraph 30).

**17. FORM AVAILABILITY.** FAA forms related to the AMES are available from the Manager, Aeromedical Education Division, AAM-400, by using the requisition card (AC Form 8500-33). See Appendix 1 for a list of available forms.

**18. DESIGNATION OF MILITARY FLIGHT SURGEONS OR FEDERAL MEDICAL OFFICERS.**

a. Initial Designation.

(1) Request for Designation. Appropriate representatives of the Surgeons General of the United States Army, Air Force, Navy, and the Chief of Health Services of the Coast Guard, may request the Manager, Aeromedical Education Division, AAM-400, to assign a designation number to a flight surgeon of their service to permit issuance of second- and third-class FAA airman medical certificates and the combined medical/student pilot certificates and to authorize the conduct of certification examinations at specified military clinics. Appropriate representatives of other Federal Departments or agencies may make similar requests. Designated military flight surgeons and other Federal medical officers may perform FAA required airman medical certification examinations at government medical facilities as long as the facility is designated by the Manager, Aeromedical Education Division, AAM-400, as a location to perform such examinations.

(2) Application. Military flight surgeons and Federal medical officers selected for designation shall complete FAA Form 8520-2 (Aviation Medical Examiner Designation Application) and submit the original and one copy to the Manager, Aeromedical Education Division, AAM-400.

(3) Notification. If designated, the Manager, Aeromedical Education Division, AAM-400, shall inform the requesting Surgeon General (military services), the Chief of Health Services of the Coast Guard, the representatives of other Federal agencies (if applicable), and the applicant military flight surgeon or Federal medical officer of designation in writing. If designated, supplies outlined in Appendix 1 of this order shall be sent to the government medical facility where the examinations are to be conducted.

(4) Conditions of Designation. Military flight surgeons or Federal medical officers who are designated as AMEs shall meet the conditions of designation outlined in paragraph 11.a. (1) (c) except, a military flight surgeon and a Federal medical officer shall maintain licensure to practice medicine in a state of his or her choice. Licensure is not required in the state of duty assignment and subparagraph 11.a. (1) (c) 1 (ff) does not apply. Paragraph 11.a. (2) of this order is applicable. Military flight surgeons and Federal medical officers shall complete MCSPT prior to designation as an AME. One staff member of the authorized government medical facility



shall have completed MCSPT within the previous 3-years to qualify the facility as an acceptable location for the performance of examinations. Attendance at the Basic AME Seminar may be waived as a requirement for initial designation of military flight surgeons and Federal medical officers on the basis of their prior training in aviation medicine (Flight Surgeon Course, Aerospace Medicine Residency, etc.) and their satisfactory performance in other non-FAA medical certification activities (e.g. military and NASA aeromedical examinations).

b. Continued Designation or Termination of Designation. Attendance at AME Seminars and completion of MAMERC in alternating 3-year cycles may be waived as a requirement for renewal of designation of military flight surgeons and Federal medical officers on the basis of their satisfactory performance as AMEs and their participation in acceptable continuing medical education activities in aviation/aerospace medicine approved by the Manager, Aeromedical Education Division, AAM-400. It is the policy of the FAA to assess the performance of designated military flight surgeons and Federal medical officers, and to terminate their designation, if appropriate, in accordance with paragraph 15.b. of this order. The designation of military flight surgeons and Federal medical officers to conduct FAA examinations as AMEs will terminate upon the individual leaving Government service. Reports of AME performance and notification of changes in designation status will be provided by the Manager, Aeromedical Education Division, AAM-400, to the designated military flight surgeons and Federal medical officers and to the representatives of the Surgeons General of the Armed services, the Chief of Health Services of the Coast Guard, and of other Federal Agencies (if applicable).

c. Prohibited Examinations. A military flight surgeon or Federal medical officer designated as an AME may not perform a self-examination for issuance of a medical certificate nor issue a medical certificate to himself or herself.

d. Duration of Designation. Designations of military flight surgeons or Federal medical officers as AMEs are effective for 1 year after the date issued unless terminated earlier by the FAA or the designee. For continued service as an AME, a new designation shall be made every year. Credentials verification as provided for in paragraph 11.a. (1) (c) 2 may be required.

## 19. REQUIRED AME TRAINING.

a. Medical Certification Standards and Procedures Training (MCSPT). The purpose of MCSPT is to train AMEs and their staffs in the accurate completion of the airman medical application (FAA Form 8500-8) by the applicant and the AME. This will ensure and facilitate the efficient, timely processing of medical applications by the Aeromedical Certification Division, AAM-300.

The Manager, Aeromedical Education Division, AAM-400 is responsible for planning, coordinating the conduct of, and evaluating all MCSPT or other equivalent training. Evaluations shall be reported directly to the Director of CAMI, AAM-3.

(1) An AME applicant and a member of his/her staff are required to complete MCSPT prior to initial designation, except as provided for in paragraph 11.a. (2) (d). A member of the AME's staff shall complete MCSPT within each 3 year period thereafter.

(2) The Aeromedical Education Division, AAM-400, is responsible for developing an AME training curriculum and lesson plan based on information provided by the Manager, Aeromedical Certification Division, AAM-300, and the Federal Air Surgeon's Education Working Group. In general, the curriculum shall include instruction on paperwork management, completion of forms, regulatory and policy administration, and review of other pertinent information contained in the *Guide for Aviation Medical Examiners*.

(3) Regional medical personnel and Aeromedical Certification Division, AAM-300, personnel shall assist the Aeromedical Education Division, AAM-400, in the development of AME Training (MCSPT or other equivalent training). The Aeromedical Education Division, AAM-400, will forward MCSPT packages (both AME and staff versions) to physicians who are to be designated as AMEs prior to attendance at a Basic AME



Seminar. The MCSPT completion lists shall be established and provided to the regional flight surgeons by the Manager, Aeromedical Education Division, AAM-400.

(4) The Aeromedical Education Division, AAM-400, shall forward letters of invitation to AME Seminars to AMEs due for recurrent training. The AME Seminar attendance lists shall be established and provided to the regional flight surgeons by the Manager, Aeromedical Education Division, AAM-400.

(5) When training has been successfully completed, certificates of completion of training shall be issued to each attendee by the Aeromedical Education Division, AAM-400.

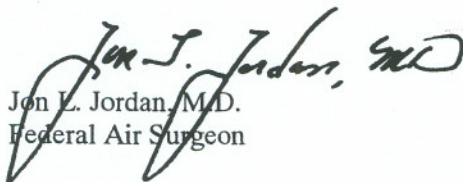
b. Aviation Medical Examiner Seminars. The purpose of AME Seminars is to develop aeromedically knowledgeable and clinically proficient AMEs committed to aviation safety. They are also designed to provide standardization in the application of FAA medical certification policies, procedures, and regulations.

(1) The design, development, implementation, and evaluation of the AME Seminar Program is the responsibility of the Manager, Aeromedical Education Division, AAM-400, who shall use education specialists in the organization of a coordinated training program. Evaluations shall be reported to the Director, CAMI, AAM-3. It is the responsibility of the Manager, Aeromedical Education Division, AAM-400, to provide sufficient AME Seminars to enable physicians to attend a Basic AME Seminar prior to designation and a regular AME Seminar every 3 years thereafter.

(2) The regional flight surgeon for the region in which the AME seminar is held is the host for the seminar and shall provide logistical support as required.

(3) Regional flight surgeons shall provide the Aeromedical Education Division, AAM-400, with a list of applicants to be invited to attend a Basic AME Seminar and the division will forward letters of invitation to the applicants. The Basic AME Seminar attendance lists shall be established and provided to the regional flight surgeons by the Manager, Aeromedical Education Division, AAM-400.

c. Multimedia Aviation Medical Examiner Refresher Course (MAMERC). MAMERC was designed to evaluate, instruct, and test AMEs on their medical decision-making skills to determine airman fitness to fly. AMEs have to demonstrate their knowledge of medical certification standards and how they apply such knowledge to make appropriate aeromedical certification decisions. MAMERC provides an effective quality assurance/quality improvement tool for the Aeromedical Certification Program. MAMERC can be used as a substitute for AME Seminar attendance on alternate 3 year cycles. This increases the length of time between required seminar attendance to 6 years.

  
Jon L. Jordan, M.D.  
Federal Air Surgeon



**APPENDIX 1. FORMS AND SUPPLIES**

1. *Guide for Aviation Medical Examiners.*
2. Self-addressed envelopes for the Aeromedical Certification Division, AAM-300, and the appropriate regional aviation medical division.
3. Order 8520.2E, Aviation Medical Examiner System (Appendix D in the Guide for Aviation Medical Examiners).
4. Directory of Aviation Medical Examiners.
5. Forms and supplies may be obtained from the Manager, Aeromedical Education Division, AAM-400. The use of any locally designed forms or certificates in lieu of those listed below is prohibited.
  - a. FAA Form 8065-1, Electrocardiogram Transmittal
  - b. FAA Form 8420-2, Medical Certificate and Student Pilot Certificate
  - c. AAM Form 8500-1, Near Vision Acuity Test Card (used for Near and Intermediate Vision Testing)
  - d. FAA Form 8500-2, AME Letter Denial
  - e. FAA Form 8500-7, Report of Eye Evaluation
  - f. FAA Form 8500-8, Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate
  - g. FAA Form 8500-9, Medical Certificate
  - h. FAA Form 8500-14, Ophthalmological Evaluation of Glaucoma
  - i. FAA Form 8500-19, Cardiovascular Evaluation Specifications
  - j. FAA Form 8500-21, Authorization for the Release of Medical Information to the FAA
  - k. AC Form 8500-33, Medical Forms and Stationary Requisition
  - l. AC Form 1370-57, Aeromedical Certification Self-Addressed Envelope
  - m. AC Form 3150-7, Application and Agreement for Physiological Training



**APPENDIX 2. REQUIRED EQUIPMENT**

1. Standard Snellen Test Types for visual acuity (both near and distant) and appropriate eye lane. FAA Form 8500-1, Near Vision Acuity Test Card may be used for near and intermediate vision testing. Metal, opaque plastic or cardboard occluder.
2. Eye Muscle Test-Light. May be a spot of light 0.5cm in diameter, a regular muscle-test light, or an ophthalmoscope.
3. Maddox Rod. May be hand type.
4. Horizontal Prism Bar. Risley, Hughes, or hand prism are acceptable alternatives.
5. Color Vision Test Apparatus. Pseudoisochromatic plates, (American Optical Company (AOC), 1965 edition; AOC-HRR, 2nd edition); Dvorine, 2nd edition; Ishihara, Concise 14 -, 24 -; or 38-plate editions; or Richmond (1983 edition, 15-plates). Acceptable substitutes are: Farnsworth Lantern; Keystone Orthoscope; Keystone Telebinocular; LKC Technologies, Inc., Apt-5 Color Vision Tester; OPTEC 2000 Vision Tester (Models 2000PAME, and 2000OPI); Titmus Vision Tester; Titmus II Vision Tester (Model Nos. TII and TIIS); and Titmus 2 Vision Tester (Models T2A and T2S).
6. A Wall Target consisting of a 50-inch square surface with a matte finish (may be black felt or dull finish paper) and a 2-mm white test object (may be a pin) in a suitable handle of the same color as the background.
7. Other vision test equipment that is acceptable as a replacement for 1 through 4 above includes the American Optical Company Site-Screener, Bausch and Lomb Orthorator, Keystone Orthoscope or Telebinocular, Titmus Vision Tester, or Stereo Optical Co. OPTEC 2000 VISION TESTER.
8. Standard physician diagnostic instruments and aids including those necessary to perform urinalysis.
9. Electrocardiographic equipment. Senior Aviation Medical Examiners must have access to digital electrocardiographic equipment with electronic transmission capability.
10. Audiometric equipment. All Aviation Medical Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing.



## APPENDIX 3

## AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION

FAA Form 8520-2

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

## AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION

## PRIVACY ACT STATEMENT

The information on this form is solicited under the authority of the Federal Aviation Act of 1958, as amended, and Federal Aviation Regulations.

Submission of this information is mandatory to receive benefit. No designation as Aviation Medical Examiner may be made unless a completed application form has been received (49 USC 1355; 14 CFR 183.11).

The purpose of this information is to consider the applicant's qualifications and suitability to act as an Aviation Medical Examiner for the Federal Aviation Administration (FAA). It also is used for publication of Aviation Medical Examiner directories and for other statistical purposes.

## INSTRUCTIONS

1. In making application for designation as an Aviation Medical Examiner (AME), it is understood that, if designated, you will accept the conditions listed below.
2. Submit your application in duplicate to the Federal Aviation Administration Regional Flight Surgeon for your locality, address given on the enclosed FAA Form 8520-2-1; use the two white application forms inserted loosely between the cover sheets for this purpose.  
The yellow form attached to this instruction sheet is provided for your convenience as a work sheet for the preparation of the forms you submit, and, as your file copy.
3. Retain this instruction sheet for your files since it contains the conditions of your acceptance.
4. Please attach to your application, letters of reference from three physicians practicing in your geographic area or a statement from the local or state medical society or osteopathic association in the locality of your practice that you are a member in good standing.

## GENERAL INFORMATION

The Federal Aviation Administration uses an Aviation Medical Examiner System to carry out responsibilities for the enforcement of physical standards prescribed in the Federal Aviation Regulations. Aviation Medical Examiners are authorized to assess airman physical fitness and to issue or deny issuance of FAA medical certificates. The responsibility and trust associated with designation as an AME may necessitate investigation to determine the applicant's personal suitability. The information requested on this application may be used to facilitate that investigation.

Practicing, licensed physicians in good standing with their communities are designated on the basis of training and experience, adequacy of facilities for performing the prescribed examinations, the need for agency examiners in the geographic area, and the requirements of the aircraft accident investigation program. Training or experience in a particular medical specialty may sometimes be required because of particular agency needs.

Designation as an AME authorizes the physician to perform the medical examination of commercial airmen (Class II) and student and private pilots (Class III), and to issue or deny issuance of FAA Medical Certificates. Designation as a Senior Aviation Medical Examiner — to examine airmen of all classes, including airline transport pilots (Class I) — requires three years experience as an AME and additional equipment. All designations are made for one year and renewal is contingent upon the interest of the AME, accuracy and number of examinations performed, and participation in the aviation medicine seminar program. Final determination relative to the designation of an AME is made by the FAA.

In addition to those items normally needed for performance of a general medical examination, the visual testing equipment listed on the reverse of this sheet is required for all examiners. Upon notification of your acceptance as an AME, and before final designation, you will be asked to certify that this equipment has been acquired.

The FAA does not supply any medical equipment needed in the conduct of physical examinations except the Near Vision Acuity Chart, but will furnish complete instructions and forms. Most of the required medical equipment may be obtained from local medical supply companies. The hand Maddox rod and horizontal prism bar are manufactured by the R.O. Gulden Company, 225 Cadwalader Ave., Elkins Park, Pennsylvania 19117.

An airman may obtain the required FAA medical examination from any designated AME. Although the AME acts officially as a representative of the FAA, the fee is paid by the airman examined. The amount of fee should be governed by the prevailing rate for similar services in the locality.

## CONDITIONS OF ACCEPTANCE AS AVIATION MEDICAL EXAMINER

Upon designation as an Aviation Medical Examiner, it is incumbent upon a physician to:

1. Become thoroughly familiar with instructions as to technique of examination and proper medical assessment and certification of applicants for airman medical certificates;
2. Abide by the rules and regulations of the Federal Aviation Administration;
3. Personally perform the medical examination of applicants for airman certificates. Under certain circumstances other physicians may be permitted to perform specialized parts of such examinations. The examiner, however, must certify the examination and is responsible for its accuracy and completeness;
4. Be at all times informed regarding progress in aviation medicine; and,
5. Attend an FAA conducted post-graduate seminar on aviation medicine within one year following designation. Subsequent to completion of the initial seminar, FAA supervised post-graduate education in aviation medicine will be required within each 5-year interval to be considered for redesignation.
6. Inform the FAA of any change of address.

If at any time after designation there is discovered a willful misrepresentation or concealment of material fact in this application, this will be regarded as sufficient reason for the termination of such a designation.



The following is a list of FAA acceptable vision testing equipment as related to Section VII of this form.

**Distant Vision**

Snellen 20-foot eye chart and eye lane

**Acceptable substitutes:**

AOC Site-Screener  
Bausch & Lomb Orthorator  
Keystone Orthoscope  
Keystone Telebinocular  
Projector with screen  
Titmus Optical Vision Tester

**Near Vision**

FAA Form 8500-1, Near Vision Acuity test card (This card will be provided at the time of designation)

**Acceptable substitutes:**

AOC Site-Screener  
Bausch & Lomb Orthorator  
Keystone Orthoscope  
Keystone Telebinocular  
Titmus Optical Vision Tester

**Heterophoria**

Horizontal prism bar with graduated prisms beginning with 1 diopter and increasing in power to at least 8 diopters.

and

Red Maddox rod with handle  
½ cm. light source, muscle light or equivalent

**Acceptable substitutes:**

AOC Site-Screener  
Bausch & Lomb Orthorator  
Keystone Orthoscope  
Keystone Telebinocular  
Red Maddox rod and individual prisms  
Red Maddox rod and Risley rotary prism  
Titmus Optical Vision Tester

**Color Vision**

Pseudoisochromatic plates (Dvorine, 2nd edition; AOC revised edition or AOC- HRR; Ishihara, 16, 24, or 38 plate editions) and Macbeth Daylight Lamp, Easel Lamp, or color perception testing light as specified in the plate book.

**Acceptable substitutes:**

Eldridge-Green Color Perception Lantern  
Farnsworth Lantern  
Keystone Orthoscope  
Keystone Telebinocular  
SAMCTT (School of Aviation Medicine Color Threshold Tester)  
Titmus Optical Vision Tester

**Field of Vision**

50-inch square black matte surface wall target with center white fixation point; 2mm. white test objects on black-handled holder.

**Acceptable substitute:**

Standard perimeter



2/1/99

8520.2E  
Appendix 3

U.S. DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION				FORM APPROVED OMB No. 04-R0002	
AVIATION MEDICAL EXAMINER DESIGNATION APPLICATION (Print or type legibly. Check box(es) and/or complete items as applicable)					
<b>FAA USE ONLY</b>		<b>A. APPLICANT IDENTIFICATION</b>			
NAME STATE/COUNTRY HOME PHONE OFFICE PHONE FAX MAILING ADDRESS CITY STATE ZIP CODE COUNTRY OFFICE TELEPHONE FAX MAILING ADDRESS CITY STATE ZIP CODE COUNTRY OFFICE TELEPHONE FAX MAILING ADDRESS CITY STATE ZIP CODE COUNTRY		1. NAME (Last, first, middle)		2. DATE OF BIRTH (Mo/ day/yr)	
		3. ADDRESS WHERE EXAMINATIONS WILL BE PERFORMED		4. MEDICAL SPECIALTY	
		NAME OF INSTITUTION/CLINIC, IF ANY		A. FAMILY PRACTICE	
		NUMBER AND STREET		B. OPHTHALMOLOGY	
		CITY		C. SURGERY	
		STATE		D. INTERNAL MEDICINE	
		ZIP CODE		E. PSYCHIATRY	
		COUNTY		F. NEUROLOGY	
		COUNTRY		G. INDUSTRIAL MEDICINE	
		5. OFFICE TELEPHONE NUMBER (Include area code)		H. AVIATION MEDICINE	
6. WERE YOU EVER DESIGNATED AN AVIATION MEDICAL EXAMINER (If yes, state where and when)		B. LICENSED AS		J. OTHER (Specify)	
<input type="checkbox"/> YES		<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.			
<input type="checkbox"/> NO		A. STATE(S)		B. LICENSE NO.(S)	
7. WILL YOU PARTICIPATE IN THE FAA AIRCRAFT ACCIDENT INVESTIGATION PROGRAM		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>B. EDUCATION</b>					
1. MEDICAL SCHOOL(S)	NAME OF SCHOOL	CITY/STATE	YR GRADUATED	DEGREE RECEIVED	
2. INTERNSHIP / RESIDENCY	NAME OF HOSPITAL/INSTITUTION	CITY/STATE	INCLUSIVE DATES	SPECIALTY/ROTATING	
3. POST GRADUATE	NAME OF INSTITUTION	CITY/STATE	INCLUSIVE DATES	DEGREE/CERTIFICATE	
<b>C. EXPERIENCE</b>					
1. MEDICAL			2. AVIATION		
A. TYPE OF PRACTICE		B. NO. YEARS	<input type="checkbox"/> A. PILOT		
			<input type="checkbox"/> B. OTHER (Specify)		
C. INSTITUTION(S) (Name and location)		HOSP PRIVILEGES		3. MILITARY	
		YES	NO		
				A. CURRENTLY ON EXTENDED ACTIVE DUTY	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> B. ACTIVE RESERVE	
				<input type="checkbox"/> C. NATL GUARD	
				D. CURRENT/PAST SERVICE AFFILIATION (Branch)	
				E. FLIGHT SURGEON	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>D. MEDICAL SPECIALTY INFORMATION</b>					
1. DIPLOMATE/AMERICAN BOARDS		2. SPECIALTY SOCIETIES		3. AVIATION MEDICAL SOCIETIES	



<b>E. LICENSE INFORMATION</b>				
QUESTIONS <i>(If you check "Yes", explain in detail under remarks)</i>			YES	NO
1. Is your license to practice medicine/surgery limited or restricted in any way?				
2. Has your license to practice medicine/surgery ever been suspended or revoked?				
3. Has your application for renewal of your license or medical registration to practice medicine and surgery ever been refused?				
4. Have you ever been charged and convicted of violation of any state or Federal law pertaining to controlled or habit-forming drugs or narcotics?				
<b>F. REMARKS</b>				
REFERENCE ITEM NUMBERS WHEN EXPLAINING PREVIOUS ENTRIES AND WHEN ATTACHING INFORMATION				
<b>G. CERTIFICATION</b>				
I certify that the information provided hereon and in attachments is correct to the best of my knowledge and belief, and I agree to the conditions of acceptance which accompanied this application. It is further agreed that all necessary equipment will be acquired upon acceptance and PRIOR to my conduct of FAA medical examinations.				
DATE	APPLICANT (Typed name/ signature)		PROFESSIONAL DEGREE	
<b>H. FAA USE ONLY</b>				
This application has been reviewed; references have been investigated and/or it has otherwise been determined that the applicant				
<input type="checkbox"/> MEETS <input type="checkbox"/> DOES NOT MEET the professional standards required for designation as an aviation medical examiner.				
<input type="checkbox"/> DESIGNATION NOT MADE FOR THE FOLLOWING REASONS:				
APPLICANT DESIGNATED AS			SERIAL NUMBER	
<input type="checkbox"/> Class I medical examiner <input type="checkbox"/> Class II and III medical examiner				
DATE				
DESIGNATION ACTION COMPLETED		APPLICANT'S ACCEPTANCE RECEIVED		SUPPLIES/INSTRUCTIONS ISSUED
REGION	DATE	REGIONAL FLIGHT SURGEON/AUTHORIZED REPRESENTATIVE (Signature)		
NOTE TO REGIONAL FLIGHT SURGEON: When designation action is completed, send duplicate copy to Aeromedical Education Branch, Oklahoma City, Oklahoma 73125; retain original for your file.			DUPLICATE RECEIVED IN AAC-140	
			DATE	BY



## APPENDIX 4

## AVIATION MEDICAL EXAMINER IDENTIFICATION CARD

You have been recommended by responsible agency authority for designation/redesignation as an AVIATION MEDICAL EXAMINER. Please indicate below your desire to accept or reject this designation.

☐ **I ACCEPT** this designation/redesignation from the FAA Administrator and state that I am in good standing with the State Licensing Authority. I understand that this designation may be terminated at anytime for any reason that the Administrator may deem appropriate.

(Date)

(Signature)

Confirm your acceptance by signing above and returning the left-hand portion of the form in the enclosed envelope. Sign, detach, and retain the identification card at the right.

☐ **I DO NOT ACCEPT** this designation/redesignation. I am returning the complete form in the enclosed envelope. (Sign Below.)

(Date)

(Signature)

Failure to return the appropriate portion(s) of this form will result in termination of your designation.



FAA Form 8520-2, Rev. 11-88. If you ACCEPT this designation, **READ and SIGN BACKSIDE** of this card. Editions

AVIATION MEDICAL EXAMINER  
Identification Card

UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

This is to certify that  
**AVIATION MEDICAL EXAMINER**  
by the Federal Aviation Administration on or near  
ending on the last day of

Signature of Bearer	Serial Number
Signature of Authorizing Officer	

PROPERTY OF THE U.S. GOVERNMENT

**WARNING:**

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs 1001, 3571).

This card must be surrendered on termination of duty or on demand of proper authority.

**IF FOUND:** Drop this card in any U.S. Mailbox. Return to:

FAA, MMAC, CAMI  
Manager, Aeromedical Education  
Division, AAM-400  
P.O. BOX 25082  
Oklahoma City, OK 73125

**IF LOST:** Promptly report loss or theft of this card to the preceding address.

My medical practice currently is not restricted by any legal authority. Neither the Drug Enforcement Administration nor any state licensing board, other local, state, or Federal organization with certification or licensing authority, nor any hospital staff or medical/osteopathic society has proposed or pending adverse actions against me that would limit my medical practice. To my knowledge, there are no investigations, charged indictments, or pending actions against me in any local, state, or Federal court.

Applicant's Signature

Date